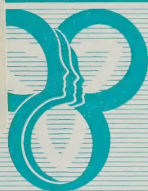


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COUNCIL Update

ONTARIO ADVISORY COUNCIL ON WOMEN'S ISSUES

FEBRUARY 1989

New Directions, New Design for '89!

A bold new look and a detailed work plan will take Council in new directions this year. And with the addition of two new members, Council is at its full complement and ready to pursue the challenges ahead!



Logo

It may not be as well known as the golden arches yet, but from now on, every time

you see this symbol, you see the Council. It's our new logo, designed by Council's graphic artist, Andrea Johnston, to create a look that is uniquely Council's. The design illustrates movement, with the three circles embracing justice, economic and social issues. The logo also symbolizes the interaction between the women of Ontario, the government and the Council. Look for it on all future Council documents.

Work Plan

In November, Council members participated in a strategy session to devise a work plan. This was also an opportunity for the 8 recently appointed members to meet the other Council members and work together as a team. Led by facilitator Sue Griggs,



members redefined three goals for Council: to achieve economic, social and legal equality for all women; to consult with the women of Ontario; to act as a conduit between women and the government. A strategy session honed in on ways Council members can develop stronger linkages in their own communities with women's groups, media, politicians and local experts on various issues.

Three committees were struck: Social Issues, Economic Issues and Justice. A major project of the **Economics Committee**, chaired by Lana Mitchell from North Bay, is a review of the Employment Standards Act. (See page 3 for further details). The committee will also respond to the Ontario government's proposed policy on housing, look into how tax reform will affect women, and monitor the federal government's initiatives on childcare.

Women and mental health and women and aging are two long-term concerns for the **Social Issues Committee**, guided by chair Anne Rochon Ford, Toronto. More immediate plans call for a fact sheet on disabled women (to be included with the next newsletter) and a response to the Scott Inquiry on the Use and Provisions of Medical Services in Ontario. In May, the committee will facilitate an

inaugural meeting for those interested in potentially establishing a Women's Health Research Institute in Ontario. The committee plans to meet with the Ontario Medical Association on the health care system's response to violence against women. A meeting is also planned with the Ontario Cancer Treatment and Research Foundation to find out further information about their plans for establishing breast screening clinics around the province.

The **Justice Committee**, led by Kathleen Lahey, Kingston, has identified the treatment of native women by the justice system as a principal project. A second goal is to review the reports and positions regarding NRTs issued by various groups so the committee can recommend a future policy position for Council on this issue. As well, the committee will gather information on how women are treated by the civil and criminal justice system, with a view to identifying specific issues and concerns regarding these processes.

Hello and Goodbye

Council member Ceta Ramkhalawansingh's 5-year term ended in November. Ceta was Council's pay equity expert and one of the driving forces behind Council's pay equity paper. She also addressed many organizations and students on pay equity and other related topics. (continued on page 2)

New Faces (cont'd from pg. 1)

Ceta forged strong links with immigrant and visible minority women's groups on behalf of Council, and worked very closely with Intercede. One of her last actions was to initiate a review of the Employment Standards Act (see page 3 for details). **Danielle Coulombe, Hearst**, resigned from Council September 27 due to time constraints and personal commitments. **Susan McDonald's** term has been renewed for two years.

On November 10, **Marielle Cousineau, Kapuskasing** was appointed to the Council for a two-year term. Marielle is Executive Director of North Cochrane Addiction Services Inc., a referral centre for drug addiction and substance abuse.



Marielle Cousineau

in an alcoholism rehabilitation clinic in Lahr, Germany; a legal aid assessor at the Ministry of Community and Social Services and a protection worker at the Children's Aid Society of Ottawa-Carleton. Marielle will be working on Council's social issues committee and is a key organizer of a proposed joint trip to northeastern Ontario scheduled for later this year, by Council's

She's had a long history of dedicated work in the social services field: as counsellor educator

president, Sandra Kerr and Sylvia Gold, president of the Canadian Advisory Council on the Status of Women.

Council's newest appointment is **Madeleine Leal, Ruscom**. Her appointment was announced just prior to press time, and she will attend her first Council meeting in February. Madeleine, a former teacher in Ontario's French elementary schools, is presently the chair of St. Clair college's French Language Advisory Committee and a freelance interpreter in local courts. She has been an active, 20-year member in the *Fédération des femmes canadiennes-françaises*, holding various executive positions through the years.

These two appointments bring Council's membership to its capacity of 15.

Emerging Issues: This newsletter features a fact sheet on **Women and Smoking**. All future newsletters will have an Emerging Issues feature. These are factual presentations on various topics, meant to educate the reader and spur her to action! We are open to suggestions for other topics.

Motherhood in a Changing Society

"Housework is a ritual function which creates a sense that the world is a safe place for the children, for the husband, for the partner, for the self." **Bernice Martin, keynote speaker**

"Motherhood can always be purchased as reflected in the large number of motherless households on television." **Judy Posner, panelist**

"I would like you to reflect on why you wanted or want to have children. Now I will explore some of the things that drive the infertile to extremes in her quest to produce a biological child."

Jan Silverman, panelist

These quotes are from just three of the speakers featured at Council's very successful motherhood conference held last June. Over three days, more than 500 people heard an extremely lively debate on feminism and the family, and other presentations ranging in topic from housework as power, media images of motherhood to feelings about infertility. The conference objectives were to examine current issues associated with motherhood; to demonstrate that feminism benefits all women including stay-at-home mothers and to provide an arena for discussion of the issues. **The 176-page transcript is available, by writing to Council.**

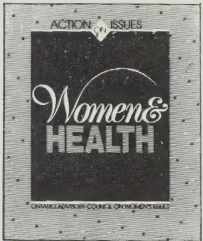
Sole Support Mothers

Over a year ago, Council's Sole Support Mothers Brief was forwarded to several government ministries, highlighted with recommendations pertinent to their areas. In addition, Council met individually with the Minister Responsible for Women's Issues, and the Ministers of Community and Social Services, Housing and Health. All ministries were requested for an action report on Council's recommendations (continued on page 3)

Sole Support Mothers
(continued from page 2)

and the Ontario Women's Directorate was asked by the government to co-ordinate its response. This document has recently been received by Council and our three committees are currently reviewing these responses.

For the Health of It



Supplies of our **Women and Health** book have run out! Written as a general

introduction to women's health issues, this 50-page booklet has been a run-away success with hospitals, schools and individuals. We've had numerous requests from outside Ontario, from as far away as Vernon, British Columbia!

The booklet grew out of Council's 1985 Women and Health Conference and as a response to continual requests for the **About Face** Council health booklet written in 1977. **Women and Health** looks at some of the major themes regarding women's health, provides information on how to use the health care system, and offers women advice on how to more actively take care of their own health.

Council is looking into reprinting **Women and Health** to fulfil the outstanding orders, but we require extra funding to do it.

We are still taking requests, with the understanding that the orders will not be filled until the book is reprinted. If you would like to receive it, please write to us.

We Told Them So!

Council's 1986 pay equity brief advised the Ontario government that their proposed pay equity legislation would not work. We stated that gender predominance guidelines would exclude thousands of women working in female-dominated jobs and we recommended removal of these guidelines. This did not occur and the law requires employers to compare female-dominated jobs with those where 70% are male workers.

Council wanted all working women to be covered by the legislation and our brief stated: "There should be no exclusions or delays for small employers, part-time workers, trainees, students, rehabilitation positions, contract workers and workers who do piecework should all be covered."

Now almost three years later, the Ontario Pay Equity Commission has released an extensive report stating that "about 867,000 of Ontario's 2.2 million female workers

aren't covered by the year-old pay equity legislation because they're temporary or casual workers or they're employed by firms with fewer than 10 workers" (Toronto Star, January 16, 1989)

What this means is that for about 40% of Ontario's working women, pay equity is still a dream!

Employment Standards Act Review

The Employment Standards Act is a provincial law which governs the working conditions of people in Ontario. But many women are excluded from its protection: domestic, part-time, and contract workers, for example.

Council is currently undertaking an extensive review of the Employment Standards Act. Legal counsel Marion Lane has been hired to study and analyze the Act, looking at areas such as hours of work, overtime pay, leave provisions, as well as the inclusion of all women in the Act. In April, Council will circulate a draft document to women's groups for their input and comment. A public forum will be held in the May and Council will submit the proposed amendments to the Minister of Labour by the end of this year.

If your group would like to be on the list to receive Council's draft amendments in April, please write or call the office. We would like to hear from all interested groups throughout Ontario.



oh, that explains the difference
in our salaries!

EMERGING ISSUES:

"Smoking starts with an image. Through acting out the image, it becomes an association. Then it just becomes a dependence."

CONSIDER THIS...

- Cigarettes cause more illness than any other drug.

- 2.5 million Canadian girls smoke cigarettes.

- Teenage girls smoke more than boys of the same age.

- Tobacco accounts for approximately 35,000 preventable deaths in Canada each year; 13,000 of these are women.

- 75% of female lung cancer cases are due to cigarette smoking.

- Babies born to smokers are at greater risk of low birth weight, respiratory disease and Sudden Infant Death Syndrome.

- The percentage of 20 - 24 year old women who smoke daily increased from 40% in 1983 to 52% in 1985 and the percentage of 25 - 29 year old women smoking daily increased from 34% to 47%.

- Smokers are absent from work or school almost twice as many days as non-smokers.

- Tobacco has over 50 carcinogens and a host of other noxious agents.

- Female smokers using the pill are 39 times more likely to suffer heart attack or stroke than non-smoking, non-users of the pill.

- The baby of a smoker who breastfeeds can absorb enough nicotine to cause irritability, poor sleeping habits and vomiting.

- Chances of being addicted to cigarettes are greater if you start smoking before age 18. Children usually begin smoking as early as 12 years of age.

- Exposure to second-hand smoke is a serious health risk. One study showed that non-smoking women exposed to their husband's cigarette smoke were twice as likely to develop lung cancer as non-smoking women with non-smoking husbands.

- When young children breathe cigarette polluted air, their heart beat speeds up, their blood pressure rises, and carbon monoxide enters their bloodstream.

WHY IS SMOKING A WOMEN'S ISSUE?

In Canada a woman dies of lung cancer every three hours. Lung cancer deaths among women have risen by 45% in the last 10 years and in several provinces, it has already replaced breast cancer as the most common cancer in women. By the mid-1990's, it is anticipated that lung cancer will replace breast cancer as the leading cause of cancer deaths among women.

More women are smoking than ever before. They are starting at a younger age, smoking more heavily and are slower to give up the habit than men.

Native, poor, battered and unemployed women smoke at rates often double the national average.

WHY DO WOMEN SMOKE?

There is no simple answer to this question. Girls and young women smoke for a variety of reasons that include: peer pressure, rebellion, weight control, identification with adult behaviour, or the desire to experience the sexual freedom and attractive lifestyles shown in tobacco advertisements. Some continue to smoke because they are addicted; others to prevent weight gain, to relieve stress, or as a means of coping with depression, anger and frustration.

The ongoing pressures of both paid and unpaid work, childcare, other family responsibilities, and financial hardships make it difficult for women to "take control of their health behaviour".

Women find it difficult to give up cigarettes for reasons similar to why they smoke in the first place. Many make repeated attempts to quit, and more women than men attend "quit smoking" programs. Older women (over 50) find it the most difficult to give up smoking.



In her book **Beating the Ladykiller:**

Women and Smoking, Bobbie Jacobson says "that quitting smoking is a process which depends on the interaction of at least three crucial factors: perceptions of stress, self-confidence and dependence on cigarettes. Not only do women feel less confident and more dependent on cigarettes than men, they see themselves as being under greater stress than men as well -- which in turn boosts their sense of dependence on cigarettes."

WOMEN AND SMOKING

WHAT ARE THE HEALTH RISKS TO WOMEN?

While all smokers face health risks such as emphysema, heart disease and stroke, women who smoke heavily have nearly three times as much bronchitis, 75% more chronic sinusitis and 50% more peptic ulcers as non-smokers. There is now proof of specific reproductive health problems related to smoking: difficulty with conceiving, greater likelihood of miscarriage, and earlier onset of menopause. Pregnant women who smoke may be more likely to experience bleeding during pregnancy, premature delivery and other serious problems. A high incidence of osteoporosis (thinning of the bones) is linked to women who smoke.

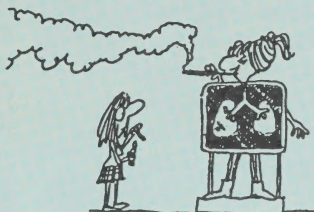
It is projected that by 1996, lung cancer in Ontario women will have increased by 292% since 1981.

TOBACCO ADVERTISING

Sexual attractiveness. Success. Sophistication. Independence. Freedom. Control. These are common themes used by tobacco advertisers to seduce teenage girls to smoke. That women should aspire to be thin and attractive is a message that is hard to escape. Tobacco advertisers are constantly sending out the "thin" message in the promotion of their product -- a product that is alluring to girls who are often conscious about their weight and body image. In fact, 80% of high school girls think they are too fat.

The relationship between cigarettes and thinness is reflected not only in tobacco advertising, but in the names of cigarettes, for example: "slender", "long", "ultra light", "slims", "ultra long" and "lean".

Tobacco companies spend over \$12 billion world wide on their enormous, image-based advertising campaigns. The messages are increasingly geared to girls and women since the number of North American men smoking is on the decline.



WHAT NEEDS TO BE DONE?

The Ontario government must recognize that smoking is a major health issue, and like drugs and alcohol, a highly addictive habit.

- The government should support innovative prevention and treatment options similar to those offered for other addictions, such as smoking cessation centres. Lobby your MPP and the Minister of Health on this issue!

- "No smoking" programs must be part of the educational agenda. The link between weight control and smoking, and the impact of advertising must be included in these programs. Speak to your school trustee!

- Anyone selling or giving cigarettes to children under 18 years of age, is subject to a maximum \$50 fine. Enforcing this law is not enough; the penalty must be increased to discourage vendors from selling to minors! However, it will not solve the problem of cigarette vending machines, which are accessible to children of all ages. Phone or write the Attorney General's office expressing your concern!

You can make a difference!

GROUPS

Canadian Cancer Society
77 Bloor St., West, Suite 1702
Toronto, Ontario, M5S 3A1

Canadian Council on Smoking
and Health
1565 Carling Avenue, Suite 400
Ottawa, Ontario, K1Z 8R1

Cancer Information Service
711 Concession Street
Hamilton, Ontario, L8V 1C3
1-800-263-6750

Non-Smokers Rights Association
334 Bloor Street West, Suite 308
Toronto, Ontario

Smoke Free
183 Munro Street
Toronto, Ontario, M4M 2B8

The Health Promotion Directorate,
Health and Welfare Canada,
Ontario Regional Office
2221 Yonge St., Suite 605
Toronto, Ontario, M4S 2B4

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"Cartoons are from the *Women's
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Pharmaceutical Inquiry



Council will soon forward its submission to the Pharmaceutical Inquiry of Ontario (Lowy Commission). This inquiry was set up by the Ministry of Health to conduct an investigation into all aspects of the government's role and influence in the prescription drug marketplace and to examine issues regarding acquisition, distribution, dispensing and prescribing in government-funded drug programs.

Since its establishment in 1973, Council has done extensive work in the health care area. Numerous government briefs and recommendations have been submitted, from the 1977 brief on Health Care Costs, to our more recent submission on Women and Health in 1985. Concerns regarding prescription and drug use have frequently been raised and this submission reiterates those in addition to presenting new recommendations.

Council's primary focus is on the impact pharmaceutical practices have on women because: women are prescribed more drugs than men; drug costs have a greater impact on women; women are under-represented in drugs testing; women are the "guardians" of health care for the family.

Three of the 22 recommendations include:

- The Ontario Medical Association urge doctors to limit tranquilizer prescriptions for women to short term or emergency use.
- Vitamins and other food supplements essential to health maintenance be covered by the Ontario Drug Benefit Plan.
- The Ontario government urge the federal government to mandate and fund consumer-oriented public agencies to encourage research by independent scientists (not linked to the pharmaceutical industry) into the present use of drugs and their effects on women, and into alternative treatment methods.

This document will be available to the public in March and can be obtained by writing to Council. The Commission expects to issue its final report and recommendations by the end of this year.



For Your Interest

- PMS Research Newsletter, published six times yearly by the non-profit Canadian Association for Understanding Premenstrual Changes, recognizes that women suffering from pre-menstrual syndrome need support and information. Called **In Control/Auto Controle**, it's available by subscription for \$20. per year, 4815 Bessborough, Room 4, Montreal, Quebec, H4V 2S2 (514) 485-7950.

•Northern Supplementary Assistance Program offers financial grants for health, social arts and cultural program assistance to organizations and individuals in northern Ontario. Funded by the ministry of Northern Development and Mines, it also issues travel grants for volunteer, non-profit groups to attend or participate in various events. For further information, contact your nearest Northern Development Office or call Zenith 33160 (toll free).

•S.O.S. Femmes Crisis line is a self-help line for francophone women in southern Ontario operated by the Réseau des femmes de sud de l'Ontario. The objective is to offer support and help to other francophone women in times of distress, particularly victims of violence. The toll free number, covering the region from Windsor to Belleville and from Parry Sound to Niagara operates Monday to Friday, 8:30 a.m. to 7:30 p.m.: 1-900-387-8603. Recently, Council sent a letter supporting their funding application to the Minister of Community and Social Services. Funding has been granted.

HAVE YOU MOVED?
MOVING SOON? If you want to continue receiving Update, please advise us by sending your mailing label with the changes marked to: Ontario Advisory Council on Women's Issues, 880 Bay St., 5th floor, Toronto, Ontario M7A 1N3. Or phone: 416-965-5824.

A Touch of Japan

In October, eleven representatives of the Japanese women's overseas study mission came to learn about women's issues in Ontario. Sponsored by the Tokyo metropolitan government, these women are involved in organizations interested in improving the status of women throughout Tokyo. They represented a wide group of organizations with diverse interests: rural issues, youth, pay equity, affirmative action, sports, older women, health issues, single women, volunteers homemakers, violence and childcare. They asked questions about many of these areas, and were particularly interested in the structure and mandate of Council, pay equity and affirmative action.

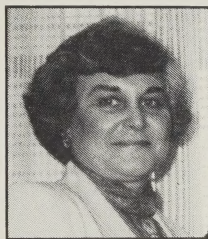
Sandra Kerr and Susan McDonald were delighted to meet with them and spoke through their interpreter. Although the intent of the meeting was for them to glean as much information as possible, we too learned. Tokyo has an action plan to deal with women's issues, but these women were concerned that not enough was being done. Although few spoke or understood English, four asked to be put on Council's mailing list! They left us with a book about Tokyo, some traditional folk crafts and "furosiki" or wrapping cloths used in Japan for carrying items or wrapping gifts.

All in all, it was a very special afternoon.

MEMBERS NEWS AND VIEWS

Continuing our series of getting to know Council members, Dianne Harkin presents her opinions on women and credit.

Credit-Able Hands



I'm a farm woman, and sometimes not fitting people's stereotyped image of a female

farmer can cause problems. I learned that lesson on a city shopping venture.

I prefer to pay for things by cheque but this method really works well only in a small rural town where everybody knows you. I discovered that using personal cheques in the city is quite another matter. Urban store clerks want to see **all** your identification. After you provide it, they call in the manager who gives you one last suspicious inspection before the final seal of approval. It's enough to make you feel like a thief!

Recently, I needed a piece of picture frame moulding. What I wanted was unavailable locally, so I headed to the city. Browsing through a construction supply outlet, I spotted a cedar french door. For years I'd dreamed of such a door for our farm house dinning room. Here it was! I asked the price.

"It's damaged stock," drawled the clerk, "so it'll be \$40."

What a bargain! But I didn't have enough cash with me. "How about a cheque?" I said.

"We don't take cheques unless you have a contractor's credit account here", he said.

"Listen, my cheque is good," I countered. "I'm a farmer and you must know what honest business people we farmers are!"

He gave me a curious glance and said, "You don't look like a farmer to me."

I was seething. I had a pretty good idea of his stereotyped image of a farm woman - fat, dowdy and dumb. Under other circumstances, I'd have told him exactly what I thought, but I wanted that door. I slapped my hands on the counter, then turned them palms up. "Hey!" I barked. "See these calluses and cuts? I earned those forking manure and pitching hay."

He stared for a minute and said in amazement: "Anybody with hands as beat up as that has to be hard working and honest. You're a farmer all right. You want that door, lady, you've got it."

There are no signs posted in banks or retail businesses stating that women shall not receive credit. Loan officers will confirm that credit applications are available equally to both sexes. But when a woman does try to obtain a loan or gain credit, all kinds of invisible barriers start popping up.

My frustrating experiences motivated me to apply for a credit card and eventually a bank loan. Creditors prefer that a man co-sign for you, be it Dad, your brother or your husband.

Without access to **independent** credit, women do not have access to education, homeownership, entrepreneurship or private transportation.

It took determination and assertiveness on my part to obtain an independent credit line. How about you?

Dianne Harkin

The Council was established at arms-length from the government in 1973, and is in a unique position to effectively challenge the government's directions and policies. Council's mandate is to advise Ontario's government on all matters pertaining to women through the Minister Responsible for Women's Issues; to respond to requests from the Minister for advice, consultation; to hold public meetings with the purpose of stimulating public discussion and accessing the opinion of women; to identify the specific areas requiring the attention of government and to recommend legislation and program changes to the Minister Responsible for Women's Issues. There are 15 members, all of whom are appointed by Cabinet on a part-time basis. Meetings are held in Toronto and work on identified issues is done through committees. Council brings a balance of women's views from across the province to the government's attention.

COUNCIL MEMBERS

Sandra Kerr, President, Oakville
 Sarah Band, Toronto
 Marielle Cousineau, Kapuskasing
 Bernice Dubec, Thunder Bay
 Mila Eustaquio, Mississauga
 Anne Rochon Ford, Toronto
 Dianne Harkin, Winchester
 Kathleen Lahey, Kingston
 Madeleine Leal, Ruscom
 Susan McDonald, Arva
 Catherine McPherson, Toronto
 Lana Mitchell, North Bay
 Sherry Moreau, Kenora
 Lucy Spencer, Ottawa
 Lynn Zimmer, Peterborough

SPEAKERS: Council members are available for speaking engagements. Please write to Council with details for your meeting.

COUNCIL STAFF

Bridget Vianna, Executive Officer
 Lydia Oleksyn, Communications Officer
 Elayne Ceifets, Policy Advisor
 Rita Kelly, Administrative Assistant
 Melody Carvalho Mount, Secretary

COUNCIL ADDRESS

880 Bay Street, 5th Floor
 Toronto, Ontario M7A 1N3
 (416) 965-5824
 (collect in Ontario only)

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Reproduction Revolution

New reproductive technologies (NRTs) are medical techniques that help women become pregnant and are also used to monitor the fetus. Science continues to dazzle and dismay with its continuous "progress" in human reproduction. Last month, two Canadian hospitals used "selective reduction", a procedure which aborts some fetuses in women facing multiple births after infertility treatment programs. It was used when survival chances were low for all the fetuses. The ability to dramatically change "the facts of

in use even as the commission was life" poses difficult questions. So far, women's groups are expressing two views. One calls for a federal Royal Commission to study the implications of NRTs. The other believes that such commissions are unable to make recommendations fast enough and that new techniques would continue to be developed and in use even as the commission was deliberating. Many women are concerned that these developments seem to be occurring without consideration for the social, legal or ethical dilemmas they pose for today's society.

WHAT DO YOU THINK? Please tell us in the coupon below.

Do you think legislation should be established to govern the use of new reproductive technologies? ☐ Yes ☐ No

Should there be a federal Royal Commission to study the implications and use of new reproductive technologies prior to passing any legislation? ☐ Yes ☐ No

Comments: _____

Please return to: OACWI, 880 Bay St., 5th fl., Tor., M7A 1N3